CEMHAC
California Elder Mental Health and Aging Coalition

NAMI California
National Alliance on Mental Illness

CASRA
California Association of Social Rehabilitation Agencies

Mental Health Association in California
an affiliate of Mental Health America

California Network of Mental Health Clients

CCCMHA 63

REMHDCO
Racial & Ethnic Mental Health Disparities Coalition

California Network of Mental Health Clients

September 30th, 2011

Clifford Allenby
Acting Director
California Department of Mental Health
1600 9th Street, Rm. 151
Sacramento, CA 95814

RE: Stakeholder Comments on Transfer of Responsibility and Restructuring of the Department of Mental Health – Preserve the Office of Multicultural Services

Dear Mr. Allenby:

Assembly Bill (AB) 102, which Governor Brown signed into law on June 28, 2011, requires the transfer of Medi-Cal related mental health functions from the Department of Mental Health (DMH) to the Department of Health Care Services (DHCS) by July 1, 2012. This letter is in response to your request for input into the development of the Department of Mental Health Transition Plan.

For the reasons stated below, the undersigned organizations respectfully request that the leadership and function of the Office of Multicultural Services (OMS) remain intact as they currently stand. The position of "Chief" –who reports directly to the Department Director–, must be retained, as well as adequate staffing levels in order for OMS to carry out the duties necessary to reduce mental health disparities. This vital work of the OMS must continue in order to address the health disparities unique to various racial, ethnic, linguistic, and cultural communities–including LGBTQ communities. Currently, the OMS addresses these inequalities through the California Reducing Disparities Project, through the review of the Cultural Competence Plan Requirements, and other major functions listed later in detail.

Established in 1998, the OMS has provided leadership and direction in the promotion of cultural and linguistic competence within the public mental health system. Additionally, the OMS has worked with community partners to eliminate racial, ethnic, cultural, and language disparities in access ultimately improving the quality of care within the public mental health system. For the past thirteen years, the OMS has stood out as an efficient State office by effectively leading statewide initiatives. The following are specific statewide initiatives and corresponding activities– designed, developed and implemented by OMS– aimed at

eliminating racial, ethnic, cultural, and linguistic health disparities in California:

- **Cultural Competency:** Ensuring that cultural competence is embedded into all facets of the Department as well as statewide direction and guidance.
- **Community Engagement:** Dialogue with diverse community and government partners, leaders and members. Involvement on many key committees within the Mental Health Services Oversight Accountability Commission, California Mental Health Planning Council, California Institute for Mental Health Center for Multicultural Development, California Mental Health Directors Association Social Justice Advisory Committee and Cultural Competence/Ethnic Services Committee and regions within the state, State Interagency Team Workgroup to Eliminate Disparities, and the Department's Cultural Competence Advisory Committee.
- **Reducing Disparities Statewide Projects**: To provide leadership and expertise for the development and implementation of the PEI MHSA – Funded ($77 Million), Reducing Disparities Statewide Projects – as per the MHSA intent. **Community Define Evidence:** Identify and support the development of individual community defined strategies, approaches, and interventions into higher level of evidence (SPW's).
- **Cultural Competence Plan Requirement**s: First state to require (1997) all counties to develop cultural competence plans as a tool to assess disparities and identify strategies for addressing those disparities. The plan requirements operationalize Culturally and Linguistically Appropriate Services Standards authored by the federal Department of Health and Human Services Office of Minority Health. Provides county technical assistance.
- **MHSA Plan Reviews:** Integrate and embed cultural and linguistic competence requirements into each of the five major components of the MHSA to address disparities and respond to the needs of California's diverse communities. Reviews county MHSA plans for Community Services and Supports, Workforce Education and Training, Housing, Innovation, and Prevention and Early Intervention.
- **Training and Curriculum Development:** Through consultation with cultural competence consultants, develop, coordinates and provides training for DMH Headquarters staff in the area of cultural competence.
- **Contracts:** Developed and oversees several reducing disparities related contracts - California Reducing Disparities Project; the California Institute of Mental Health Capacity Building for Ethnic Specific Community Based Organizations as well as AvantPage for translation services; and Cultural Competence Consultants for consultant on reducing disparities. Past contracts include Language People Translations; Inter-Tribal Council of California; and UC Davis Center for Reducing Health Disparities. (DMHl, 2011).

Although statewide data indicates that inroads have been made in reducing disparities and increasing access (DMH, 2008); more work is needed in order to successfully close the disparities' gap (see attached table). The literature supports (Aguilar-Gaxiola, 2009) the need for racially and ethnically specific initiatives that actively engage impacted communities. Notably, the lack of data from DMH CSI about LGBTQ populations highlights the pronounced disparities and invisibility of LGBTQ issues calling for a renewed commitment to the vital role of the OMS. While it is very important for the DHCS to directly address health inequities, it is insufficient for

the aforementioned disparities to occur. Only through targeted efforts, like the ones lead by OMS during the past thirteen years, will we be able make significant changes in the future to successfully reduce racial, ethnic, cultural disparities in access and in quality care.

The OMS has leveraged a wide range of local resources, created valuable new partnerships, and generated a significant body of data and lessons learned regarding the elimination of racial, ethnic, cultural, and linguistic health disparities. These achievements would serve as a model and provide the statewide community partners with the necessary technical assistance in order to continue targeted efforts to reduce health disparities in access and quality care.

We ask for your leadership and support in preserving OMS as a stand-alone program. Moreover, we urge you to preserve the OMS leadership and function under DHCS as a testament to our state's commitment to health equity and the elimination of racial and ethnic health disparities for all Californians.

Thank you for your consideration.

Respectfully submitted by the following members of the MHSA Partners Forum:

Amelia Viviana Criado
Executive Director
California Elder Mental Health and Aging Coalition
2074 Ridgeline Ave
Vista, CA 92081

Jessica Cruz
Executive Director
NAMI California
1010 Hurley Way, Suite #195
Sacramento, CA 95825

Daniel Gould, LCSW
Network Deputy Director
California LGBT Health and Human Services Network
Equality California :: Equality California Institute
1127 11th Street, Suite 208
Sacramento, CA 95814

Kavoos G. Bassiri, LMFT, CGP
President & CEO
RAMS, Inc.
3626 Balboa Street
San Francisco, CA 94121

Betty Dahlquist
Executive Director

California Association of Social Rehabilitation Agencies (CASRA)
California Chapter, United States Psychiatric Rehabilitation Association (USPRA)
P.O. Box 388, 815 Marina Vista
Martinez, CA 94553

Rusty Selix
Executive Director
Mental Health Association California
1127 – 11th Street, Suite 926
Sacramento, CA 95814

Areta Crowell
Former Mental Health Director for Los Angeles County

Delphine Brody
MHSA Policy Director
California Network of Mental Health Clients
4045 43rd Street
Sacramento, CA 95820

Laurel Benhamida
Muslim American Society (MAS) Social Services Foundation
3820 Auburn Blvd., Suite 83
Sacramento, CA 95821

Can Truong
Director
NAAPIEN California
National Asian American Pacific Islanders Empowerment Network

Stacie Hiramoto
Director
Racial and Ethnic Mental Health Disparities Coalition
1127 11th Street, Suite 926
Sacramento, CA 95814

Laura Leonelli
Executive Director
Southeast Asian Assistance Center
5625 24th Street
Sacramento, CA 95822

Cc: Toby Douglas, Director of Department of Healthcare Services
Diana Dooley, Secretary of California Health and Human Services Agency
Mental Health Services Oversight and Accountability Commission
California Mental Health Planning Council

Reference

Aguilar-Gaxiola. (2009). Building partnerships: Conversations with communities about mental health needs and community sthreghnts. *Monohraph #2 UV Davis Center for Reducing Health Disparities* . Davis, Dacramento, VA.

DMH. (2008). *CA.Gov Calofrnia Department of Mental Health: 2007-2008 CSI Data*. Retrieved 9 2011, from www.dmh.ca.gov: http://www.dmh.ca.gov

DMHl. (2011). *CA.Gov California Department of Mental Health*. Retrieved from www.dmh.ca.gov: http://www.dmh.ca.gov

Appendix I

California Department of Mental Health Client & Service Information Data, FY 2007-2008
(Comparison of Total Clients to Holzer Targets and Percent Difference from Target)

Race/Ethnicity	Total Utilizing Mental Health Services CSI Data*	Total Holzer Targets**	Target Penetration	Rate Percent Difference
White	204,249	2 77,091	73.71%	-26.29%
Hispanic	150,383	561,860	26.77%	-73.23%
African American	67,289	77,784	86.51%	-13.49%
Asian/Pacific Islander	30,476	61,588	49.48%	-50.52%
Native American	4,068	9,908	41.06%	-58.94%
Other	79,347	25, 622	309. 68%	209.68%
Total	**535,812**	**1,013,853**		

* The number of clients served was supplied by the DMH's CSI data system. Only clients receiving mental health services during the fiscal year 2007-2008 were counted. A basic principle of the Clients and Service Information system is that it reflects both Medi-Cal and non-Medi-Cal clients, and services provided in the County/City/Mental Health Plan program. As such, this table includes all providers whose legal entities are reported to the County Cost Report under the Treatment Program.

**These results were calculated using estimates of the need for Mental Health Services developed by Charles Holzer from the University of Texas. These estimates represent "targets" and are compared across gender, race/ethnicity, and age to service data obtained through DMH's CSI. When considering these penetration rates, it is important to remember that they are based on census data combined with estimates that were calculated by applying prediction weights. Due to the way census data is updated, the data in the tables should be viewed as "best available" and should be checked and verified at the local level where the lack of data does represent actual local population.

CSI Data is provided as of June 8, 2010